SCHOOL GROUP RESERVATION REQUEST FORM

CALAVERAS BIG TREES STATE PARK

PO BOX 120, Arnold, CA 95223

School Group Coordinator: Office: (209) 795-7980 Fax: 209) 795-6680 Robyn.Mendoza@parks.ca.gov

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(per 40 people) Monday – Friday

\$60.00

Reservation Requests r	<u>nust be received at least o</u>	ne month prior to tour date.	
		nclude 3 choices of dates and payment omplete and payment is received.	
School Name:			
Dates Requested: 1	2	3	
Time: 10 AM 12	Visitor Center?	New 14 minute film ?	
Phone: ()	FAX: <u>()</u>	Email:	
Address:			
City:			
Ages or Grade:	# students:	# adults:	
Adult Making reservation:	In cha	arge at park:	
Bus? Carpool?	How many cars?		
Title 1 School? Yes	No		
Teacher's Guide?	YES / NO	\$4.00 postage	
Signatures: Reservation cont	Date		
	on tour		

Make checks out to "CBTA" and send to the address above.

Mark your envelope "Attn: School Groups"

Upon receipt of payment, your tour will be confirmed and a confirmation letter sent. The confirmation letter will waive your entrance/parking fee for the day.